

Written Testimony of  
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Good afternoon, Committee Chairwoman Weinberg, Vice Chair Vitale and members of the committee, I am Dr. Darrin Anderson, the Associate Executive Director of the New Jersey YMCA State Alliance. I want to thank Chairwoman Weinberg for inviting me to testify today on behalf of the 41 independent Y associations across the state to speak to the childhood obesity epidemic. We are working with the Robert Wood Johnson Foundation, the Mayors Wellness Campaign, Rutgers Cooperative Extension, American Heart Association, Alliance for a Healthier Generation and the New Jersey Department of Health & Senior Services Office of Nutrition & Fitness along with industry partners such as Horizon Blue Cross Blue Shield and Campbell Soup Company.

Obesity rates in the U.S. have increased dramatically over the last 30 years contributing largely to our healthcare cost and impacting the health of Americans. According to the Centers for Disease Control, approximately 17% of U.S. children and adolescents are overweight with one fifth of children either obese or overweight. The 2005 New Jersey Youth Behavior Risk Factor Survey denoted that almost 27 percent of high school students are obese or overweight, and only 34 percent meet recommended levels of physical activity.

In New Jersey the statistics are significantly higher. According to the 2010 New Jersey Childhood Obesity Study by the Rutgers Center for Health Policy, in the City of Newark, 44.2% of children 3 to 18 years are overweight or obese. In the City of Vineland 43.5% are overweight or obese and in our

state capital of Trenton, 47.3%, almost 1 and every 2 children are overweight or obese. It can be hypothesized that cities in your home districts like Perth Amboy, Atlantic City, Asbury Park and Hackensack are not so different from Newark, Vineland and Trenton.

Empirically, the rise in obesity among children is epidemic in proportion. Our children are eating more and moving less; our children has turned the living room into their play grounds with excessive screen time; games such as hop-scotch, hide-n-seek, kick ball, and four squares are a distant memory. Corner stores, bodegas, and fast foods are frequently visited; limited physical activity and quality physical education in our schools along with deserted parks all add up to be a myriad of factors coming together for “The Perfect Storm”.

We know that low-income communities have limited access to healthy and affordable foods. We know that low income communities are more likely to be unsafe for children to walk or bike to school or play outside. We know that low income communities are disproportionately without supermarkets according to The Food Trust. Our primary goal must be restoring the “energy balance” in children’s lives. That means addressing calories in and calories out; reducing the incidence of diabetes, heart disease, cancer and other chronic diseases by ensuring that our children do not become overweight or obese adults. According to Dr. James Lenhard, a renowned endocrinologist, “if we do not take action to bring this epidemic under control, the cost of obesity will paid for through the prevalence of diabetes, significantly impacting our healthcare system”.

The New Jersey YMCA State Alliance is working with the Robert Wood Johnson Foundation to take action in advancing policy and environmental changes throughout the state and in local communities. In the five targeted communities of Camden, Newark, New Brunswick, Trenton and

Vineland, we are establishing local partnerships to develop community-specific strategic plans through a community engagement approach. The ultimate objective is to create and implement local community evidence-based policies and environmental strategies to reverse the childhood obesity epidemic by 2015. Collectively, we call ourselves the New Jersey Partnership for Healthy Kids.

By focusing on policies and environment changes, we can systematically approach this multifaceted issue by helping to make the healthy choice the easy choice. We are petitioning the state, municipalities and local communities to respond to the obesity epidemic by working to create environments and policies that support healthy eating and active living. Collaborations that include multiple stakeholders (policy makers, government, public health practitioners, community and faith-based organizations, residents and business) should help provide opportunities to learn from community-based efforts to prevent childhood obesity. The delivery of community-specific strategies driven by community stakeholders at the community level may facilitate the implementation of policy and environmental changes needed to impact populations that are disproportionately affected by this epidemic.

The New Jersey Partnership for Healthy Kids will be informed by policy priorities such as; 1) improving the built environment, 2) improving children's physical activity both during and outside of school time, 3) access to high-quality, affordable foods through new or improved grocery stores and corner stores 4) ensuring that all foods and beverages in schools meet the new Dietary Guidelines, 5) use pricing incentives and disincentives to promote the purchase of healthier foods and beverages; 6) and reduce youth exposure to marketing of unhealthy foods.

Would you have ever imagined that our children would grow up in a culture where learning how to ride a bike isn't the norm, a lesson learned in Trenton. Would you have ever imagined that parents would recognize that childhood obesity is a major issue; but not an issue in their own homes, a lesson learned in Camden. Would you have imagined that taking a group of student to be recognized at a luncheon only to learn that they do not know how to use utensils because the better part of their lives has been spent eating from a brown paper bag, a lesson learned in Newark courtesy of Dr. Janey, Superintendent of schools.

The evidence is clear, our children are destined to live shorter lives than their parents, they are destined to live with chronic diseases that historically plagued adults such as Type II Diabetes. Healthy children, need healthy communities; healthy communities need healthy neighborhoods; healthy neighborhoods need healthy schools, childcare centers, and places of work. Families need environments structured in ways that help them access healthy foods and easily incorporate physical activity into their daily routines. Creating a healthy ecosystem cannot be done alone.

To this end, I would like to respectfully request Senator Weinberg and the Senate Committee to establish a joint, bipartisan Assembly-Senate task force to introduce/pass relevant bills that will support evidence-based strategies and policies that will reverse this epidemic. Thank you Senator Weinberg, Senator Vitale and other members of the committee for inviting me to this hearing and allowing me to share the urgency of this important issue.

## Prevalence of Childhood Overweight and Obesity In Five New Jersey Cities

		Overweight & Obese (BMIPCT $\geq$ 85)	Obese (BMIPCT $\geq$ 95)	Very Obese (BMIPCT $\geq$ 97)
<b>City</b> (Ages 3-19)	<b>Camden</b>	<b>39.8%</b>	<b>23.3%</b>	<b>17.3%</b>
	<b>Newark</b>	<b>44.2%</b>	<b>25.2%</b>	<b>18.3%</b>
	<b>New Brunswick</b>	<b>46.4%</b>	<b>26.7%</b>	<b>19.9%</b>
	<b>Trenton</b>	<b>47.3%</b>	<b>28.0%</b>	<b>21.0%</b>
	<b>Vineland</b>	<b>43.6%</b>	<b>25.3%</b>	<b>18.5%</b>
<b>NHANES</b> (Ages 2-19)	<b>All</b>	<b>31.7%</b>	<b>16.9%</b>	<b>11.9%</b>
	<b>Non-Hisp Black</b>	<b>35.9%</b>	<b>20.0%</b>	<b>14.9%</b>
	<b>Mexican Am</b>	<b>38.9%</b>	<b>20.8%</b>	<b>14.9%</b>
	<b>Hispanic</b>	<b>38.2%</b>	<b>20.9%</b>	<b>15.2%</b>
	<b>Non-Hisp White</b>	<b>29.3%</b>	<b>15.3%</b>	<b>10.5%</b>

*Sources:*  
 CSHP 2010, BMI data from public schools in 5 NJ cities, 2008-2009  
 NHANES 2007-2008 data